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ABSTRACT

Project KIT (Kids in Transition) of the Northern Trails Area Education Agency in Iowa assists in preparing for children's transition from early childhood special education programs to elementary regular/special education programs and transition from special education home intervention services to the preschool special education classroom. This parents' guide describes Project KIT's planning process, implemented through four parent meetings. The first meeting reviews Public Law 94-142, parents' rights in the special education process, and effects of transition on the family, and presents a transition planning timetable. The second meeting defines specific handicapping conditions, outlines special education program options available in Iowa, and describes the individualized education program. Meeting three focuses on parental responsibilities to: communicate information about the child to teachers, assess the child's readiness for kindergarten, be aware of possible transition problems and their solutions, and observe various program options to determine the best choice for their child. The fourth meeting concentrates on developing an effective home-school partnership, with tips for working cooperatively. An article reprint on improving home-school communication through sharing of daily reports is included. An appendix lists national and Iowa organizations for parents of handicapped children. (JDD)

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KIDS IN TRANSITION (K.I.T.)

A Process of Planning for Change

PARENT NOTEBOOK

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Introduction

to the

KIDS IN TRANSITION PARENT NOTEBOOK

This notebook has been developed to provide parents with a guide to special education information and procedures. It can be useful when preparing for your child's transition from early childhood special education (ECSE) programs to elementary regular/special education programs. In addition, it addresses the transition from special education home intervention services to the preschool special education classroom. This notebook is intended to be used at a series of four parent meetings held during the child's last year in a preschool program.

We hope this parent notebook will serve as a valuable resource as you and your children prepare for transition.

We wish to thank Northern Trails Area Education Agency, and the Iowa Department of Education for making the time and funding possible for this project. A special thank you to Julie Curry, Technical Assistance Network, funded by the Department of Education for her assistance.

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Kids in Transition: A Process of Planning for Change (K.I.T.)

A critical component of a successful transition is preparing children and their families to adjust to future educational placements. One transition may be from special education home instruction programming to a preschool classroom. Another transition may occur when the child leaves the preschool classroom to attend regular special education settings. Another component is to assist preschoolers in generalizing acquired skills to other environments.

The involvement of family members; parents, the child, and siblings, as active participants in transition planning is an important factor in developing successful transitions for handicapped preschoolers. By approaching educational transitions from the perspective of the family system as well as from the school system, appropriate educational decisions for the needs of the child and the family can be made more effectively.

To ensure a smooth adjustment, Project KIT formalizes a planning process for the tansition of handicapped preschoolers. The planning process includes two components, one which provides transition preparations for the parent/child, and one for the receiving school's staff. These transition preparations are implemented through a series of parent meetings, transition timetables, special education conference meetings, and inservices/planning meetings for receiving teachers.

K. I. T. would be appropriate for Early Childhood Special Education programs to use when planning an educational transition for an identified handicapped student. K.I.T.'s planning process can be implemented by early childhood special education teachers, special education support staff or, ideally, a combination of both a teacher and a support staff member.

It is the hope of the project developers that "Kids In Transition" will facilitate effective transitions for all children and families.

Kids In Transition and the Iowa Model

To facilitate a better understanding of Project KIT, we will present a brief overview of Iowa's early childhood special education service delivery model.

In the mid-1970s, national and state legislation had a profound effect on Iowa's special education service delivery model. The national legislation was PL 94-142. In the state of Iowa, the monies resulting from PL 94-142 were targeted to the population below mandatory school age. In addition, state legislation established 15 Area Education Agencies (AEA) outlined on the map on page . Secondly, state legislation mandated services for children from birth who have an identified handicap. These services were to be provided by the AEAs. This mandate went one step beyond the mandates of PL 94-142, which was amended by P.L. 99-457 in 1986.

In Iowa, all early childhood special education programs are operated under the auspices of the Iowa Department of Education, Bureau of Special Education. As a result, all children identified and receiving services must meet the criteria as outlined in the Iowa Criteria for Preschool Handicapped.

The model most frequently used for children with special needs under the age of three years is the home instruction model, however this may vary according to the needs of each child. This model consists of home instruction teachers making regular visits to the child's home and working with both the child and the child's primary care givers. The second model is an early childhood special education center-based classroom which is a self-contained program. Children enter into this setting based upon need for services and meeting the state criteria. The center-based programs may be operated by the local school district or the area education agency.

Support services are made available to all home instruction and center-based programs. These support services include: school social workers, psychologists, audiologists, speech/language clinicians, nurses, consultants, occupational and/or physical therapists, adaptive physical education instructors, and teachers of the visually impaired and hearing impaired. These service providers are involved both in identification and special education instruction.

To assist service providers in implementing Project KIT, it may be helpful to compare your service delivery model with the Iowa model.

TRANSITION

Transition - Step 1 - The Planning Phase

Your child may be attending a new classroom in the near future. This might be a combination of special education program with minimum integration into regular education, regular education with a minimum of special education support, or a self-contained special education class.

The process of moving from one program to another is called transition. The transition to a new classroom involves changes that effect the whole family. Many decisions need to be made that will have impact on your life and your child's for years to come.

Transition - Step 2 - Where's the Right Program for My Child?

There are many points to consider when thinking about the appropriate transition you want for your child. Decisions need to be made about the new classroom. In some school districts, several programs may be available, while in another school only one classroom may be right for your child.

Transportation may also be a consideration when selecting the appropriate program. Do you feel comfortable having your child transported out of district if it means a more appropriate program? Or would you prefer to keep him/her in the resident district?

Keep in mind your priorities--some things may not be available in all programs. You and your family need to make decisions regarding what is best for your child and family.

Transition - Step 3 - Ready--Set--GO!!

Once your child is attending his/her new program, think back on all the decisions you've made! *Remember, we are a team and have the same goal: providing the best available program for your child.

GUIDELINES FOR PARENTS OF CHILDREN WITH SPECIAL NEEDS

These guidelines written by a medical social worker at University of Iowa Hospital School may assist you in reviewing your child's current needs when planning for transition.

1. Know your child--inform yourself about the child's potentialities and problems as early as possible.

   * Have comprehensive examinations by a specialist who can coordinate the findings of other specialists and integrate all information for a thorough understanding of the child's status.

   * Require specialists to keep you informed about their findings in order that you may understand the child's potentialities and limitations and can effectively carry out your role as parents. Ask questions.

   * See that the child receives recommended medical attention.

   * Arrange for whatever special therapy is needed.

   * With professionals, decide what part home training should play in the child's program and carry this out conscientiously.

2. Become informed about patterns of normal growth and development in order to have a framework within which to observe the growth, development and behavior or your child.

   * Such knowledge will make your role as parents more pleasant, help you recognize problems and find ways to cope with them.

   * Knowledge about growth and development helps prevent development of psychological problems in child and parents.

   * Accurate reports about the child's behavior helps you and specialists plan effective habilitative and educational programs.

3. Inform yourself about the broad aspects of your child's problem. Knowledge about the number of children with similar problems and about resources available for treatment and care help one see problems in better perspective. Find and use resources which can help you and your child.

   * Bottled-up problems are apt to increase in seriousness. Discussing problems often makes them seem less serious and leads to solutions.

* Mutual understanding and cooperation between husband and wife is essential for optimal habilitation of the child.
* Discussion of problems with other parents is often helpful with particular problems.

* Mutual respect and honesty between specialists and parents is essential for creation of a true alliance between persons on behalf of the child.

* Anxiety, depression, guilt, etc., if not understood and dealt with may develop into serious adjustment problems and interfere with your ability to help your child.

Compiled by:

Frances Woods, Social Worker
University Hospital School
Iowa City, Iowa

QUESTIONS PARENTS ASK ABOUT SPECIAL EDUCATION

Under Public Law 94-142, all schools must provide special services to handicapped children. One of these special services is a specified procedure for determining which children are eligible for special education, what classroom and school placement is best for each individual child, and when special education services are no longer necessary for a child. In Iowa, the Area Education Agencies are responsible for the identification, evaluation, and supportive services to handicapped children. It is a mandated responsibility of the Director of Special Education in each Area Education Agency to insure that every handicapped child is receiving an appropriate instructional and/or support program within the least restrictive environment.

WHAT IS P.L. 94-142?

* P.L. stands for public law.
* 94 means that this law was passed by the 94th Congress.
* 142 means that this law was the 142nd passed by that session of Congress.
* P.L. 94-142 is also referred to as the Education of All Handicapped Children Act.
* The purpose of this law is to assure that all handicapped children receive a "free and appropriate public education" with related services to meet their unique educational needs.

WHAT IS A "FREE EDUCATION"?

* A "free education" means that all handicapped children will receive educational and related services at no cost to the handicapped person or his/her parents or guardians. However, parents or guardians will be responsible for incidental fees which are also required of nonhandicapped children.

WHAT IS AN "APPROPRIATE EDUCATION"?

* An appropriate education must meet the educational and related service needs of each individual handicapped child, in the "least restrictive environment".

HOW ABOUT "SPECIAL EDUCATION"?

* Special education is instruction designed to meet the individual educational needs of each handicapped child.

WHAT ARE "RELATED SERVICES"?

* Related services are special services which a handicapped child needs to benefit, as much as possible, from special education. For example, a language-delayed child might need the related service of speech therapy to receive maximum benefit from his/her educational experience.

WHAT DOES THE "LEAST RESTRICTIVE ENVIRONMENT" MEAN?

* Your child will be educated with nonhandicapped children to the maximum extent appropriate.

* Your child will be removed from the regular education environment only if supplementary aids and services have been determined to be unsatisfactory.

* Your child will have a continuum of alternative placements so that removal from the regular environment can be the least necessary deviation.

* Your child will participate with nonhandicapped children in nonacademic and extracurricular services and activities such as meals, recess, P.E., counseling, clubs, athletics and special interest groups to the maximum extent appropriate.

* Your child will be placed in the least restrictive environment nearest to his/her home.

WHAT IS A SPECIAL EDUCATION STAFFING?

* A staffing is a meeting between parents, AEA support staff, and school personnel to: 1) share information that helps to identify what your child's needs are; 2) plan how to meet those needs; and, 3) determine where these needs can be met. This information is a part of your child's IEP (individual education program).

PARENTAL RIGHTS IN SPECIAL EDUCATION

As the parent of a child who is receiving special education services, you have certain rights which are safeguarded by state and federal statute. We want you to know about these rights.

The rights to which you are entitled follow in abbreviated form under seven headings. If you would like further explanation of any of these rights, you may contact your superintendent of schools, the Area Education Agency Director of Special Education, or the Bureau of Special Education, Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319, phone number 515-281-3176.

RECORDS

You have the right to:

1. inspect and review your child's educational records;
2. ask for an explanation of any item in the records;
3. have copies made at a reasonable cost;
4. be informed of types and locations of records being collected or used by the agency;
5. ask for the amendment of any record if you feel it is inaccurate, misleading or violates privacy right;
6. a records hearing if the agency does not make the requested amendment;
7. give or withhold consent to disclose your child's records;
8. be told to whom information has been disclosed; and,
9. be informed before information in your child's file is to be destroyed.

NOTICE

You have the right to:

1. notice before the agency initiates or changes (or refuses to initiate or change) the identification, evaluation, or placement of your child;

2. have that notice in writing, in your native language or other principal mode of communication, at a level understandable to the general public;

3. have the notice describe the proposed action, explain why it is proposed, describe the options considered and explain why other options were rejected, and,

4. be notified of each evaluation procedure, test, record or report the agency will use as a basis for any proposed action.

CONSENT

You have the right to:

1. give consent before an initial evaluation is conducted and before initial placement is made in special education; and,

2. withhold or revoke consent at any time, understanding that in such case the district has the right to request a hearing to determine if your child should be initially evaluated or placed.

EVALUATION PROCEDURES

You have the right to:

1. have a full and individual evaluation of your child's educational needs;

2. have more than one criterion used in determining an appropriate educational program for your child;

3. have the evaluation performed by a multidisciplinary team;

4. have your child assessed in all areas related to the suspected disability, and,

5. have a re-evaluation every three years or more frequently if conditions warrant, or if you or your child's teacher requests it.

INDEPENDENT EVALUATION

You have the right to:

1. be told where an independent evaluation may be obtained at no expense or low expense;

2. have the independent evaluation considered when placement and program decisions are made;

3. be told the procedures for obtaining an independent evaluation at public expense and the conditions under which such an evaluation may be obtained; and,

4. an independent evaluation at public expense if the agency's evaluation is determined to be inappropriate.

LEAST RESTRICTIVE ENVIRONMENT

You have the right to:

1. have your child educated with nonhandicapped children to the maximum extent appropriate;

2. have your child removed from the regular educational environment only if supplementary aids and services have been determined to be unsatisfactory;

3. have a continuum of alternative placements so that removal from the regular environment can be the least necessary deviation;

4. have placement in the school your child would attend if nonhandicapped unless the individual education program requires some other arrangement; and,

5. have your child participate with nonhandicapped children in nonacademic and extracurricular services and activities such as meals, recess, P.E., counseling, clubs, athletics and special interest groups to the maximum extent appropriate.

HEARINGS [1]

You have the right to:

1. request an impartial due process hearing to question the agency's identification, evaluation or placement of your child, or to question the agency's provision of a free, appropriate public education;

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[1] In Iowa, to request a hearing, a notarized document clearly and concisely stating the issues must be sent to the State Director of the Department of Education, Grimes State Office Building, Des Moines, IA 50319. Questions regarding this procedure may be mailed to the above address or directed by phone to 515-281-5295.

2. have a hearing decision from the State Board of the Iowa Department of Education;

3. be told of any free or low-cost legal and other relevant services available;

4. have the hearing chaired by an unbiased hearing officer;

5. see a statement of the qualifications of the hearing officer;

6. be advised and accompanied at the hearing by counsel and to be accompanied by individuals with special knowledge or training in problems of the handicapped;

7. have your child present;

8. have the hearing open or closed to the public;

9. present evidence and confront, cross-examine and compel the attendance of witnesses;

10. prohibit the introduction of any evidence at the hearing that has not been disclosed at least five days before the hearing;

11. have a copy of a tape recording of the hearing;

12. obtain written findings of fact and a written decision within 45 days after the DE receives the initial request for the hearing;

13. request a rehearing within 20 days of the final decision;

14. request a hearing set at a reasonably convenient time;

15. appeal a decision from the State Board of the Iowa Department of Education in court; and,

16. have your child remain in his/her present educational placement while the administrative proceedings are pending, unless you and the agency agree otherwise. [2]

With these rights come certain responsibilities for you, the parents, and for the school system. Both are responsible for keeping the communication channels open and for discussing concerns for the purpose of improving your child's education. We urge you as parents to become actively involved in the development of your child's individual education program (IEP). Talk with your child's teacher, principal, or AEA Director of Special Education if you have concerns or questions so that differences can be resolved as early as possible.

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[2] These rights may be found at 45 Code of Federal Regulations 121a.500 et seq. The format in which they appear in this notice is adapted from Educational Rights of Handicapped Children, Reed Martin, author.

Transition Planning Timetable

Step 1 Parents are informed that their child will be eligible in ___ months to attend a center-based program. Information regarding transition planning and the parents' role in planning (e.g., future meetings, school visits) is provided.

Step 2 School districts should be notified that a child/ren may be entering a center-based program in their district.

Step 3 Case manager informs support staff that child is eligible for center-based programming. Any additional assessments needed for a placement decision are identified.

Step 4 Pre-placement assessments are completed as needed.

Step 5 Informal transition conference is held to identify:

* potential placements
* special services required by the child
* transportation needs
* health needs
* relevant family needs

Individuals involved may include:

* parent
* receiving teacher/sending teacher
* speech and language clinician
* occupational therapist/physical therapist
* audiologist
* adaptive physical education teacher
* social worker
* nurse
* school principal
* school psychologist
* ECSE consultant

Tentative placement options are discussed, but not formalized. (At NTAEA the use of the "Summary of Special Education Conference" form is recommended).

Step 6 Case manager and parent discuss school preparation.

Step 7 Parents observe the receiving programs discussed as potential placements for their child; potential receiving teacher/s may wish to visit child's home.

Step 8 Formal placement staffing is held with parents. NOTE: If out-of-district placement is being considered, please see procedure outlined in the NTAEA Special Education Manual.

Step 9 If possible, child visits future program.

Step 10 Records which are pertinent to the child's next placement should be identified. These records should be transferred to receiving program. Receiving program should make sure that staff significantly involved with child's new placement know about such records and have access to them.

Transition Follow-Up
(To be completed by sending teacher)

Week 1 Talk with receiving teacher at end of the first week to check on child's adjustment and/or call the parent at the end of the first week to check on child's adjustment.

Week 1-6 Arrange a standard time for a "check-up" phone call or visit. Discuss any problems or special needs that arise.

Week 6 Informal transition conference is held to discuss child's current placement. This may include:

* parent
* receiving teacher/sending teacher
* speech and language clinician
* occupational therapist/physical therapist
* audiologist
* adaptive physical education teacher
* special education teacher (i.e., RM, SM, CC)
* social worker
* nurse
* school principal
* school psychologist
* ECSE consultant

At this time the receiving teacher becomes the case manager. Any/all concerns relating to the child should be directed to the case manager.

Adapted from Fowler, S.A. (1980). Transition to Public School. In K.E. Allen (Ed.) Mainstreaming in Early Childhood Education. Albany, NY: Kelmar Publishers.

Preparing for Successful Transitions from
Early Childhood Special Education Programs
to School-Age Programs

Transition Planning Timetable

Step 1 (Nov.-Jan.) Parents are reminded that child will be departing from preschool in ____ months to attend a new program. Information regarding transition planning and the parents' role in planning (e.g., future meetings, school visits) is provided.

Step 2 (Nov.-Jan.) School districts should be notified about number of children coming from the special education preschool. Names of children, description of handicapping condition and preschool program affiliation are sent.

Step 3 (Jan.-Feb.) Preschool staff complete a brief, initial progress report on child, based on IEP, identified handicap and current progress. Preschool staff identify what assessment data already are available and current regarding child.

Step 4 (Feb.-Mar.) Preschool staff meet with parents to share progress report and to add information from the parents regarding child progress. Assessment data, which may be useful for placement decisions are reviewed. Parent needs or concerns regarding the transition are assessed.

Step 5 (Feb.-Mar.) Member of preschool staff talks with student's resident school district superintendent or principal to share progress report and assessment information. Additional assessments needed for a placement decision are identified. AEA support staff responsible for conducting additional assessments are consulted.

Step 6 (Mar.) Pre-placement assessments are completed as needed.

Step 7 (Mar.-Apr.) Informal transition conferences are held to identify:

* potential placements
* special services required by child
* transportation needs
* health needs
* relevant family needs

Conference may include parent, preschool teacher, school district representative, and other support staff members.

Professionals who may be involved in a child's future placement are identified. For example:

* receiving teacher/sending teacher
* speech and language clinician
* occupational therapist/physical therapist
* audiologist
* special education consultant
* adaptive physical education teacher
* special education teacher (i.e., RM, SM, CC)
* social worker
* nurse
* school principal
* school psychologist

Tentative placement options are discussed, but not formalized. (At NTAEA the use of the "Summary of Special Education Conference" form is recommended.)

Step 8 (Mar.-Apr.) Parent meeting on "Preparing Your Child for Kindergarten" is conducted by preschool staff. Preschool teacher and receiving kindergarten teacher plan a joint visit to child's home.

Step 9 (Apr.) Parents observe the receiving programs discussed as potential placements for their child; potential receiving teachers visit preschool special education program to observe child; and sending teacher visits potential receiving program.

Step 10 (Apr.-May) Formal placement staffing is held with parents. NOTE: If out-of-district placement is being considered, please see procedure outlined in the Special Education Manual.

Step 11 (May) If possible, child visits future program. Sending and receiving teachers exchange visits, if they have not done so previously.

Step 12 (May) Records which are pertinent to the child's next placement should be identified. These records should be transferred to receiving program. Receiving program should make sure that staff significantly involved with child's new placement know about such records and have access to them.

Transition Follow-Up
(To be completed by sending teacher)

Week 1 Talk with receiving teacher at end of the first week to check on child's adjustment and/or call the parent at the end of the first week to check on child's adjustment.

Week 1-6 Arrange a standard time for a "check-up" phone call or visit. Discuss any problems or special needs that arise.

Week 6 Informal transition conference is held to discuss child's current placement. This may include:

* parent
* receiving teacher/sending teacher
* speech and language clinician
* occupational therapist/physical therapist
* audiologist
* special education consultant
* adaptive physical education teacher
* special education teacher (i.e., RM, SM, CC)
* social worker
* nurse
* school principal
* school psychologist

At this time the receiving teacher becomes the case manager. Any/all concerns relating to the child should be directed to the case manager.

Adapted from Fowler, S.A. (1980). Transition to Public School. In K.E. Allen (Ed.) Mainstreaming in Early Childhood Education. Albany, NY: Kelmar Publishers.

Effects of Transition on the Family

The purpose of this section is to emphasize the importance of the family's role in the process of transition for a young child with special needs. When a change occurs for one member of the family, it often means changes for the entire family. Changing one family member's daily routine may result in re-scheduling the use of bathroom, meal times, even reassigning household jobs. In order for all family members to adjust to such changes, it is important for all of them to be aware of and plan for such changes.

When planning for a child's transition from one special education program to another, the parent/s are involved but the siblings are frequently ignored or not included. This can result in the siblings feeling isolated or "left out" of an important change in their family. By involving siblings in the process of transition, siblings can experience inclusion and awareness about the family change which will take place. Siblings can be involved through the use of family meetings, visiting the special education program setting, meeting the teacher/s of the handicapped sibling, attending a sibling workshop if available, or assisting in making a new daily schedule for the family.

During the time of transition planning, emphasis on the child's disability may be heightened. When siblings are having a difficult time adjusting, parents may need to take additional time to help them sort out their own feelings and needs. For example, encourage the sibling to talk about his/her feelings and needs of siblings may intensify and may appear to be explosive or hidden to the point of withdrawal. In some situations, it may be necessary to seek professional advice or assistance.

By involving the entire family in planning for transition, all members can be prepared for the adjustments needed when a change occurs. As a result, the family serves as a partner with the school in creating a positive and effective transition for the young child with special needs.

Siblings

Books for Parents

Dougan, Terrell. Isbell, Lyn. Vyas, Patricia. We Have Been There: A Guide for Families of People With Mental Retardation. Abington Press, Nashville, 1979, 1983.
Families sharing the joys and struggles of living with mental retardation. Collected essays.

Featherstone, Helen. A Difference in the Family. Basic Books, Inc., New York, 1980.
Featherstone draws from interviews with parents and professionals, as well as from her own experience in parenting a disabled child.

Grossman, F. K. Brothers and Sisters of Retarded Children. An exploratory study. Syracuse, NY. Syracuse University Press. 1972.
A study of 83 college-age siblings of handicapped persons. Attitudes, reactions, feelings, and life experiences.

McHale, S. M. Children With Handicapped Brothers and Sisters. New York: Plenum. 1984.
Vehicle for the study of family dynamics, sibling interaction, and parent reaction/relationships.

National Society for children and Adults with Autism, (NSAC) S.H.A.R.E. (Siblings Helping with Autism Through Resources and Energy). Edited and published by Laura Preiser and Ken Laureys. Washington, D.C.
Organization dedicated to the needs of siblings. Stories and articles are published in newsletter form.

Nollette, Cindy Dolby et al. Autism . . . A Family Affair. A Curriculum for Use with Siblings. Minneapolis Children's Medical Center. 1985
Curriculum for a project to develop effective services for families of children with moderate to severe disorders of interaction, communication, learning and behavior.

Powell, Thomas H., and Ogle, Peggy Ahrenhold. Brothers and Sisters--A Special Part of Exceptional Families. Brooks Publishing, Baltimore, Maryland. 1985
A comprehensive book containing studies, research, helping strategies, and coping methods for siblings.

Simeonsson, R. J. & Bailey, D. B. Siblings of Handicapped Children: Psychological Aspects. New York; Holt, Rinehart, and Winston. 1981.
Research studies of the psychological effects of daily living on siblings of handicapped children.

Therrien, Virginia LeClere. For the Love of Siblings Who Cope with Special Brothers and Sisters. Mar-Don Printing, Hooksett, N.Y. 1985.
Sibling reactions, their concerns and feelings, drawings, ways to meet sibling needs, and resources for those who are about siblings.

Siblings

A Bibliography of Books for Children

Baldwin, Anne Morris. A Little Time. Viking, 1975

Bonham, Frank. Mystery of the Fat Cat. Dutton, 1968

Bradbury, Bianca. Nancy and Her Johnny-O. Ives Washburn, 1970.

Branscum, Robbie. For Love of Jody. Lothrop, 1979.

Brown, Roy. Escape the River. Seabury Pr., 1972.

Brown, Roy. Find Debbie! Houghton, 1976.

Byars, Betsy. The Summer of the Swans. new ed. Avon, 1974.

Christopher, Matt. Long Shot for Paul Little, 1966.

Cleaver, Vera & Cleaver, Bill. Me Too. Lippincott, 1973.

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SIBLING INFORMATION NETWORK

Status of the Network*

The Sibling Information Network was created to provide support, linkages, and information to siblings of children with special needs. The membership of the Network continues to grow and expand throughout the United States and other foreign countries. Currently, we have 1,200 members from the United States, Canada, Great Britain, Israel, Bolivia, Chile, Puerto Rico, and India. Due to the increased interest from individuals residing in Canada, the Network has decided to start a section specific to resources in Canada.

The main articles written in this issue of the Newsletter have been contributed by siblings. We appreciate their candor and honesty in sharing their experiences with us. We hope that these pieces will allow us to become more sensitive to the needs of families as well as serve to stimulate thought and discussion.

The Network receives requests for information pertaining to twins when one or both of the siblings has a handicap. If you happen to be a sibling of a twin and would like to participate in any surveys or research projects that might be conducted, or have any information about this area, please contact us.

Within the past few months, the Network has been involved in diverse activities including presentations at meetings and conferences and assisting with the design and implementation of programs for siblings of individuals with disabilities and their families. Since we receive many requests for information pertaining to the development of quality services for siblings, a set of guidelines have been developed to assist with the development of workshops for brothers and sisters of individuals with disabilities. These suggestions were adapted from a presentation given at the Western Connecticut Council for Exceptional Children. We hope that they are useful.

* This information was taken from the Sibling Information Network Newsletter.

SIBLING INFORMATION NETWORK

MEMBERSHIP FORM

Name: _____

Address: _____

_____ Zip _____

Phone: ( ) _____ Work: ( ) _____

Position: _____

Where: _____

Dues: _____ Individuals ($5.00)
_____ Organization or Institution ($8.00)

Please complete the following information. You can check more than one box below:

Sibling _____ Professional _____ Parent _____

Please mail to:

The University of Connecticut, The Sibling Information Network, Department of Educational Psychology, U-64, Room 227, 249 Glenbrook Road, Storrs, Connecticut 06268.
Phone 203-486-4032/4034

Audiovisuals

RE: Handicaps

Michael: My Brother (1979). 16mm, color, 18 minutes

This film examines the relationship between Gregory Schmidt and his younger brother, Michael, who is retarded. Gregory has lived away from home studying and on his return he plans to spend the following year teaching his brother, Michael. Michael, however, resists his attempts and Gregory becomes increasingly frustrated at his brother's reluctance to cooperate.

The turning point in the relationship occurs when Michael initiates a frisbee game and Gregory discovers not only that his brother has a talent for the game, but that he is demonstrating his independence. The two brothers then develop a more reciprocal relationship, each learning from the other.

This film explores a range of emotions from Gregory's uneasiness at strangers staring at Michael, to his realization of the "importance of having him around." This north central Iowa family is to be credited with conceiving the film project and both Gregory and Michael play themselves in the film.

For further information contact:
Alternative Broadcasting
Biscayne College
Miami, FL 33054

Sharing Ideas of Family Involvement in Programs for Atypical Infants (1974). 76 slides and audio cassette, color, script, 12 minutes.

This slide presentation gives an overview of a national project developed by the United Cerebral Palsy Association, Inc. to provide comprehensive services for atypical infants and their families. Starting with five centers in 1971, the project has grown to over 50. Family involvement is an integral part of the organization of the centers. Parents, siblings and grandparents are involved at many levels, from fund raising, making play equipment to learning the skills of the interdisciplinary teams.

Distributed by:
United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, NY 10016

One of the Gang (1977), filmstrip and tape, color, 20 minutes

This film dramatizes the story of one family's move into a new community. It shows Billy, aged 10, and Melissa, 8, making friends--with the neighborhood children and how they introduce them to their brother, Danny, who is 12. Danny has special educational needs but he is readily accepted by the others and is included in their activities.

The film depicts some of the issues which face siblings of handicapped children, both in school, at home and in the community. Its target audience are elementary aged children and would provide a focus for discussion around the general issues of having a handicapped brother or sister. An accompanying booklet gives guidelines for the teacher on questions for discussion, exercises and games.

For details about the film contact:
Cuyahoga Association for Retarded Citizens
1001 Huron Road
Cleveland, OH 44115
(216) 621-4504

Gifts of Love. (1983). U-matic, color, 24 minutes.

In "Gifts of Love", four families with young children with Down Syndrome talk about their experiences. The film is aimed at younger parents, with the emphasis being on the integration of the child with Down Syndrome into a normal family life. Both parents and siblings share their feelings about having a child with Down Syndrome in their family. This film presents a positive picture and would be suitable for parents of young children.

Distributed by:
National Down Syndrome Society
70 West 40th Street
New York, NY 10018

DEFINITIONS OF HANDICAPPING CONDITIONS

Listed below are the handicapping conditions as defined in the Iowa Rules of Special Education (1985):

1. "Behaviorally disordered" is the inclusive term for patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to one's age and significantly interfere with the learning process, interpersonal relationships or personal adjustment of the pupil to such an extent as to constitute a behavioral disorder.

   a. Clusters of behavior characteristics of pupils who are behaviorally disordered include: Cluster I--Significantly deviant disruptive, aggressive or impulsive behaviors; Cluster II--Significantly deviant withdrawn or anxious behaviors; Cluster III--Significantly deviant thought processes manifested with unusual communication or behavioral patterns or both and, Cluster IV--Significantly deviant behavior patterns characterized by deficits in cognition, communication, sensory processing or social participation or a combination thereof that may be referred to as autistic behavior. A pupil's behavior pattern may fall into more than one of the above clusters.

   b. The determination of significantly deviant behavior is the conclusion that the pupil's characteristic behavior is sufficiently distinct from that of the pupil's peer group to qualify the pupil as requiring special education programs or services on the basis of a behavioral disorder. The behavior of concern shall be observed in the school setting for school-aged pupils and in the home or center-based setting for preschool-aged pupils. It must be determined that the behavioral disorder is not maintained by primary intellectual, sensory, cultural or health factors.

   c. In addition to those data required within the comprehensive educational evaluation for each pupil requiring special education, the following areas of data shall be gathered when identifying a pupil as behaviorally disordered which describe the qualitative nature, frequency, intensity, and duration of the behavior of concern. If it is determined that any of the areas of data collection are not relevant in assessing the behaviors of concern, documentation must be provided explaining the rationale for such a decision. Such documentation will be maintained by the director.

"Setting analysis data" is information gathered through informal observations, anecdotal record review and interviews describing the setting from which a pupil was referred; documented prior attempts to modify the pupil's educational program so as to make behavioral and academic achievement possible in the current placement; and, social functioning data that includes information, gathered from sources such as teacher interviews and sociometric measures, regarding the referred pupil's interaction with his or her peers.

"Pupil behavioral data" are measures of actual behavior that include the specific recording, through systematic informal observations, of a pupil's behavior, including the frequency of behaviors of concern; and, measures of reported behavior that include checklists of rating scales and interviews that document the perceptions of school personnel regarding the behavioral pattern of the referred pupil and the perception of the pupil's home and school behavior obtained from the parent or surrogate parent.

"Individual trait data" is information about the unique personal attributes of the pupil. This information, gathered through pupil and teacher interviews and relevant personality assessments, describes any distinctive patterns of behavior which characterize the pupil's personal feelings, attitudes, moods, perceptions, thought processes and significant personality traits.

2. "Communication disability" is the inclusive term denoting speech and language impairments and hearing impairments.

3. "Deaf-blind" pupils have auditory and visual handicaps, the combination of which causes such severe communication and other developmental and educational problems that the pupils cannot properly be accommodated in special education program solely for the hearing impaired or visually impaired, without appropriate modifications.

4. "Extended evaluation" is a status which may be utilized for pupils below age three who are in need of special education, but for whom the diagnostic-educational team cannot determine the primary educational disability. A pupil may receive special education for a maximum of one year within this status to provide an opportunity to gather additional data for determination of a primary disability. A pupil whose disability can be determined shall be so diagnosed in order to assist parents and agencies in planning for the pupil's needs. An extended evaluation is to be used only in unique situations when need for special education is imperative and time would assist with providing a definite educational diagnosis. A pupil receiving special education while placed in extended evaluation status must have on file an interdisciplinary staffing report which defines the educational, observational and medical information obtained prior to provision of special education.

5. "Hearing impairment", a communication disability, is a loss of auditory sensitivity ranging from mild to profound which may affect one's ability to communicate with others.

   a. "Deaf" pupils include those individuals whose hearing impairment is so severe that they do not learn primarily by the auditory channel even with amplification, and who need extensive specialized instruction in order to develop language, communicative and learning skills.

   b. "Hard of hearing" pupils include those individuals whose level of communication ability is adequate to allow them to acquire speech and language and to learn by auditory means although they may experience difficulty, under certain circumstances, in oral communication, language and learning skills with or without amplification, and who may need various classroom and instructional modifications in order to make full use of school experiences.

6. "Learning disability" is the inclusive term denoting the inability to learn efficiently, in keeping with one's potential, when presented with the instructional approaches of the general education curriculum. The inability to learn efficiently is manifested as a disability in an individual's reception, organization, or expression of information relevant to school function. This disability is demonstrated as a severe discrepancy between an individual's general intellectual functioning and achievement in one or more of the following areas: school readiness skills, basic reading skills, reading comprehension, mathematical calculation, mathematical reasoning, written expression and listening comprehension. A learning disability is not primarily the result of sensory or physical impairments, mental disabilities, behavioral disorders, cultural or language difference, environmental disadvantage, or a history of an inconsistent educational program. The following criteria shall be applied in identifying a pupil as learning disabled and in need of special education.

   a. Hearing sensitivity must be within normal limits unless the hearing loss is temporary or not educationally relevant, such as a high frequency loss above the speech range.

   b. Vision must be within normal limits after correction unless the impairment is temporary or not educationally relevant.

   c. Intellectual functioning must be at or above one standard deviation below the mean as measured by an instrument recognized as a valid measure of intellectual functioning. A total or full-scale score shall be used in applying the intellectual criterion. In cases where measured intellectual functioning does not meet this criterion, the individual responsible for assessing intellectual functioning shall state in writing the specific data which support that conclusion.

d. A severe discrepancy between current achievement and intellectual functioning exists when a pupil has been provided with learning experiences that are appropriate for the pupil's age and ability levels, and obtained scores in the achievement area(s) of concern are below the pupil's present grade placement and are more than one standard deviation below the mean on the distribution of achievement scores predicted from obtained intellectual functioning scores.

In establishing the difference of one standard deviation, the effects of regression toward the man and errors of measurement must be applied. If the technical data necessary to account for effects of regression are not available, the discrepancy between the obtained achievement and intellectual functioning standard scores must be at least two standard errors of measurement for the difference.

If norm-referenced tests are not available in a particular achievement area, the diagnostic-educational team shall state in writing the assessment procedures used, the assessment results, the criteria applied to judge the importance of any difference between expected and current achievement, and whether a severe discrepancy is present that is not correctable without the provision of special education.

In cases where a pupil's obtained scores on norm-referenced tests are not severely discrepant from intellectual functioning, but the results are suspect and the diagnostic-educational team believes that the pupil's current achievement is severely discrepant, the team shall state in writing the specific non norm-referenced data, including a description of the assessment procedures used and the criteria applied to determine the presence of a severe discrepancy, which supports the team's conclusion. In such cases, a copy of the supportive documentation will be maintained by the director.

e. A member of the diagnostic-educational team must observe the pupil's performance in the general education classroom setting for the school-aged pupils or in the home or center-based setting for preschool pupils. The primary purposes of the classroom observation are to seek evidence for the existence of a learning disability and to determine the degree to which the disability, if any, affects learning. The individual responsible for the observation must be someone other than the pupil's classroom teacher who is trained to use observation as a diagnostic procedure.

f. The severe discrepancy between achievement and intellectual functioning must not be primarily attributable to behavioral disorders, chronic health problems, physical impairments, environmental disadvantage, cultural or language difference or a history of an inconsistent educational program.

g. The degree of the achievement-intellectual functioning discrepancy may decrease as a pupil receives special education, progresses academically and maintains that progress. Consideration of these factors will be used to determine a pupil's movement along the continuum of special and general education options, and in targeting appropriate transfer from a special education instructional program. A pupil who attains an achievement level commensurate with expected performance, given current grade level placement and intellectual functioning, and is able to maintain satisfactory educational performance in the general classroom setting shall be transferred from the special education instructional program.

7. "Mental disability" is the inclusive term denoting significant deficits in adaptive behavior and subaverage general intellectual functioning. For educational purposes, "adaptive behavior" refers to the individual's effectiveness in meeting the demands of one's environment and the "subaverage intellectual functioning" as evidenced by performance greater than one standard deviation below the mean on a reliable individual test of general intelligence valid for the individual pupil.

8. "Physical disability" is the inclusive term used in denoting physical or visual impairments of pupils requiring special education.

9. "Physical impairment", a physical disability, is manifested as an aberration of an essential body structure, system of function. Physical impairments are defined operationally in terms of orthopedic, neuromuscular, other health impairments, or any combination, which may be a result of congenital or acquired conditions of unknown or miscellaneous causes. These pupils may manifest functional impairments in body balance, ambulation and limb and hand utilization. the severity of these noncognitive functional limitations are such that the pupil needs special education.

10. "Preschool handicapped" are those pupils below the age of seven who require special education and who are not appropriately provided for within the scope of general education or other special education programs.

11. "Primary disability" is that disability with the most dominant characteristics and for which the greatest intervention is programmed. For those pupils with more than one disability, primary disability is a determination made by the director utilizing recommendations of the diagnostic-educational team.

12. "Profound multiple handicapped" are descriptive of pupils who may exhibit a combination of the following characteristics:

    a. Use no means of communication beyond affect responses or use an augmented communication system that is not standard symbol system to indicate needs and wants.

    b. Are dependent in mobility or required supervision in order to meaningfully traverse between points in the environment.

    c. Are dependent in all daily living activities.

    d. Have minimal social interaction skills and may exhibit severe maladaptive behaviors.

    e. Have mental, physical or sensory handicaps.

    f. Have fragile medical conditions, including seizures.

13. "Severely handicapped" are pupils with any severe disability including pupils who are profoundly multiply handicapped.

14. "Speech and language impairment", a communication disability includes:

    a. Impairment in language: A disability in verbal language resulting in a markedly impaired ability to acquire, use or comprehend spoken, read or written language due to difficulties in acquisition and usage of syntax, morphology, phonology and semantics.

    b. Impairment in voice: An abnormality in pitch, loudness, or quality resulting from pathological conditions, psychogenic factors or inappropriate use of the vocal mechanism which interferes with communication or results in maladjustment.

    c. Impairment in fluency: A disruption in the normal flow of verbal expression which occurs frequently, or is markedly noticeable and not readily controllable by the pupil. The disruption occurs to the degree that the pupil or pupil's listeners evidence reactions to the manner of the pupil's communication so that communication is impeded.

d. Impairment in articulation: Defective production of phonemes which interferes with ready intelligibility of speech.

15. "Visual impairment", a physical disability, is characteristic of pupils whose vision deviates from the normal to such an extent that they require special education. Educational functioning and visual and adaptive skills are used in determining needs of pupils with visual impairments.

SPECIAL EDUCATION PROGRAM OPTIONS

The local school district or area education agency can provide three types of instructional programs:

1. The self-contained classroom is an educational program serving children with similar educational needs. Such children generally cannot profit from participation with regularly enrolled pupils in academic subjects such as math or language arts, but benefit from integration into other school activities such as physical education, music, art and library.

2. The special class with integration is an educational program for children with similar educational needs who are enrolled in a special education classroom but can profit from participation in one or more academic subjects with pupils who are not handicapped. These programs may be operated on a multi-disability basis when approved by the Department of Public Instruction.

3. The resource teaching program is an educational program for children who are enrolled in a regular classroom for most of the school day, but require, on a part-time basis, special education instruction in specific skill areas. These programs may be operated on a multi-disability basis.

When children have severe medical problems which prevent them from attending school, the local school district or AEA must provide them with special education programs and services at home or in a hospital. Preschool children can be placed in a center-based program or a home instruction program.

The Department of Education has established limits on class size for the various programs according to disability and age levels.

What is taught in these special settings, in part, depends on the nature and severity of the child's disability and IEP.

At this time, NTAEA has available videotapes explaining various special education program options. These are available upon request.

SUMMARY OF IOWA SPECIAL EDUCATION PROGRAM OPTIONS

Codes used on Individual Education Program (IEP) forms.

NO - No Special Education Instructional Services (regular class only, but on monitor)
RO - Regular Class with Supplemental Assistance
RI - Regular Class with Itinerant Instruction
RC - Resource Room - Categorical
RM - Resource Room - Multicategorical
SI - Special Class with Integration - Categorical
SM - Special Class with Integration - Multi-disability (Rule Exception Needed)
CC - Self-Contained Special Class (2.2) (1:8)
CS - Self-Contained Special Class (3.6) (1:1:5)
HV - Home Intervention
HH - Hospital/Homebound

Categorical:

Programming for a singular disability. For example, a resource room serving only behavior disordered student.

Itinerant Instruction:

Special education may be provided on an itinerant basis whenever the number, age, severity, or location of pupils to be served does not justify provision by professional personnel assigned on a full-time basis to one or two attendance centers.

Multicategorical:

Special education programs in which the pupils receiving instructional services have different types of disabilities.

Supplemental Assistance:

Handicapped pupils may be weighted in accord with Iowa Code section 281.9(1) "b", when the diagnostic-educational team recommends that through special adaptations the pupil can appropriately be served in the general education classroom. Authorized programs may include: Intensive short-term special education instructional intervention; interpreters for hearing impaired pupils; readers for visually impaired pupils; educational aides; aides for physically disabled pupils or other handicapped pupils for assistance in and about school; materials; and, specialized or modified instructionally related equipment for use in the school.

Adjusted Program Report (Rule Exception):

This report takes the place of the previously used "Rule Exception". It is a procedure in which the Director of Special Education has authority to waive a specific rule for a period of time up to one school year. Such action must be justified by information maintained in the Director's files and reported to the Department of Education on appropriate forms. Situations in which rules may be waived by action of the Director of Special Education include:

a) A pupil is appropriately served in an instructional model other than one typically provided for students with similar needs.

b) A pupil is appropriately served in a categorical instructional program that does not typically serve the pupil's primary disability.

c) The chronological age span of the pupils exceeds six years in a self-contained class or four years in a special class with integration.

d) When class size exceeds numbers specified in the Iowa rules.

SUMMARY OF CODES FOR CATEGORY OF DISABILITY

MD - Mental Disability

LD - Learning Disability

BD - Behavior Disorder

SP - Severe and Profoundly Handicapped

PD - Physical Disability

VI - Visually Impaired

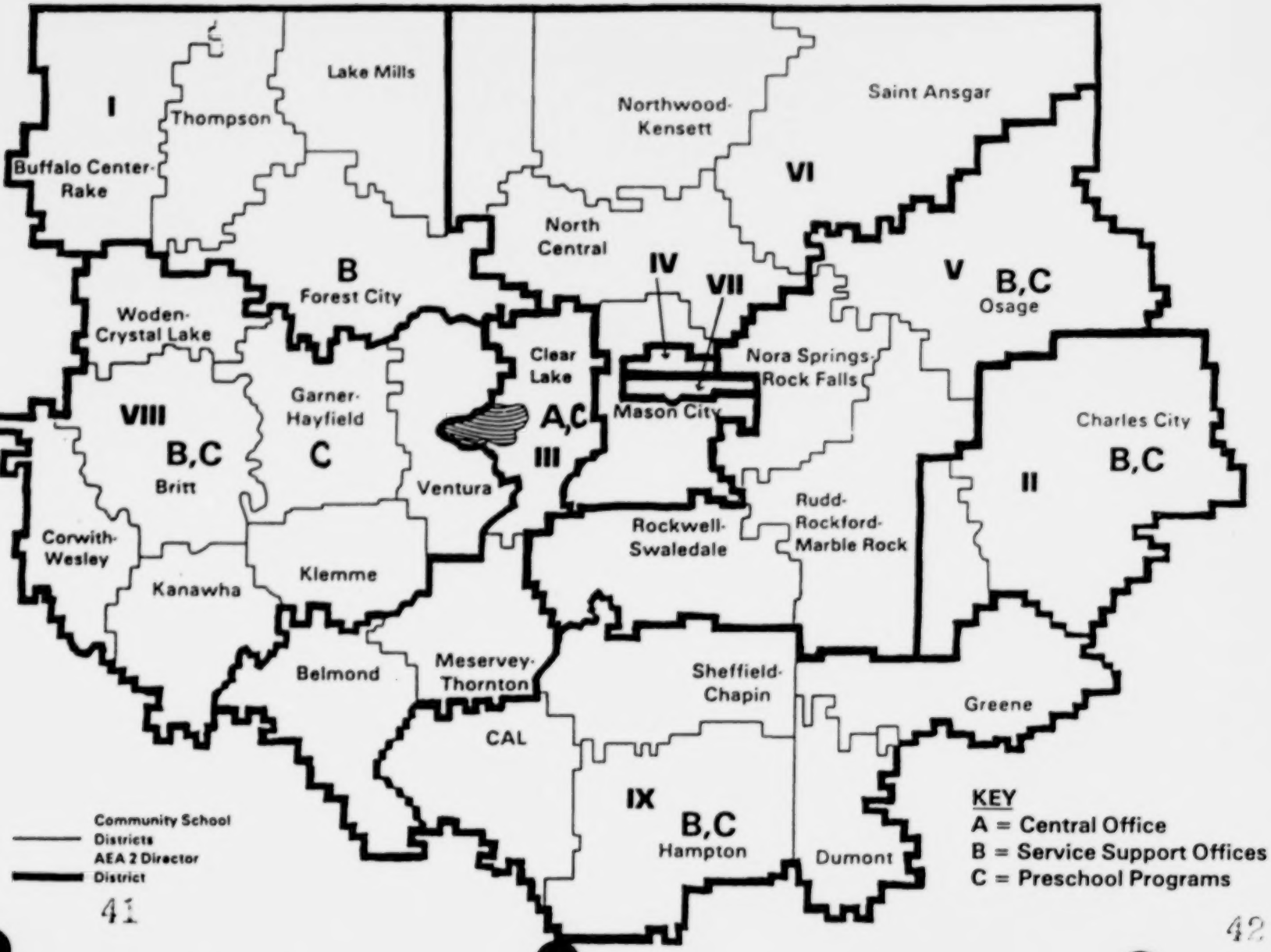
HI - Hearing Impaired

CM - Communication Handicap

DF - Deaf

EE - Extended Evaluation

Northern Trails
Area Education Agency 2
Director Districts



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42

WHAT IS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)?

Each area education agency (AEA) is attempting to identify all children within their area that are in need of special education. You as a parent of a handicapped child have a responsibility to make the school aware of any concerns you have. The local education agency may want to have a formal evaluation done to understand as much as possible about your child's educational needs. The local education agency must obtain your written consent before your child is formally evaluated for the first time. The legal requirements of the educational system and the protective rights you have as parents will be detailed for you in the next section.

Based on the evaluation and information available, an Individual Education Program (IEP) will be developed for your child. This IEP is the core of the Special Education Program. Your involvement in the formation of this plan or program can be of tremendous benefit to you and your child. Federal and state laws require a written IEP for each child who receives special education services.

The term, individual education program, or IEP, conveys important information to you as a parent. First, "individual" means that the IEP must be addressed to the educational needs of your child alone, rather than a class or group of children. Second, "education" means that the IEP is limited to those elements of your child's education that are more specifically special education and related services, as defined in Public Law 94-142. This means that if your child is having problems only in math, the IEP will address itself only to your child's math problems. There won't be anything in it concerning reading or speech. Third, "program" means that the IEP is a statement of what will actually be provided to your child, rather than a plan that provides guidelines from which a program must later be developed.

The IEP assures that, when your child requires special education, it be appropriately designed to meet his/her special learning needs, and that the special education program outlined in the IEP is actually provided.

WHAT THE IEP MUST CONTAIN

* Your child's present level of performance. This is a statement of where your child is functioning today. It's not just test scores, but rather statements about your child, gathered from observation and teacher interaction.

* Your child's annual goals and short-term objectives. Goals and objectives are statements that say what your child is expected to learn over a certain period of time. Most IEP goals are for the total school year. Objectives are for shorter amounts of time.

* The special education and other services that will be provided to help your child meet these goals and objectives.

* The dates special education and other services begin, and the length of time they will be provided for your child.

* The amount of time your child will be able to participate in the regular school program.

* The dates and methods for evaluating your child's performance and the effectiveness of the program in meeting your child's needs.

The IEP should give you a clear understanding of the expected progress of your child by beginning where your child is today, and stating the goals that will hopefully be achieved by the end of the year. As a parent, you hold a wealth of information about your child to share with the school personnel on developing the IEP.

Adapted from Parents Guide to Special Education, January, 1980.

ANNUAL REVIEW AND THREE-YEAR RE-EVALUATION

Annual Review:

The purposes of the annual review are: 1) To review the appropriateness of of the student's special education placement; and 2) To review, update, and if necessary, revise the provisions of the student's individualized educational program.

More specifically, the annual review should include: 1) A review of the student's present level of performance; 2) A review of the goals and objectives, special provisions, problems encountered, and changes to the current IEP; 3) A review of the student's progress on the stated goals and objectives; 4) A decision whether the student's progress meets the evaluation criteria and expectations of the particular program mode; 5) A decision related to whether or note the student's placement should continue to be modified; and 6) An update and/or revision of the IEP goals and objectives.

The purposes of the comprehensive three-year re-evaluation are: 1) To update assessment data on a student; 2) To review the appropriateness of a student's placement as well as other aspects of a student's individualized educational program in light of the updated assessment data; and 3) To assess the appropriateness of a student's diagnosis as handicapped or the primary handicapping condition.

The content of a comprehensive three-year re-evaluation will be unique for each student. Since the primary concern of the re-evaluation is to update assessment data on a student, the re-evaluation should be tailored to assess the performance areas and behaviors related to a student's specific disability. In addition, based on the uniqueness of student's situation, information and data not previously collected may be necessary to complete a comprehensive three-year re-evaluation.

This comprehensive re-evaluation shall be conducted every three years or more frequently at the request of school personnel or parent. This re-evaluation shall provide current data to be considered in that year's annual review.

PARENTAL RESPONSIBILITIES

Communication between parent(s) and the teacher is important! We want your child's school experiences to be happy ones, and the classroom a place where he/she, and you, can feel secure as we grow and learn together.

Group A: Home instruction to center-base

1) Off to school
2) School information
   a. important people
   b. regarding illness...
   c. things my child will need...

Group B: Center-base to school-age

1) Five skills most essential
2) Checklist for parents...
3 What does a student need?

Groups may reconvene to discuss:

1) Transition problems worksheet
2) Guidelines for program visitation
3) Parents' homework

OFF TO SCHOOL . . .

Parent Meeting Discussion Questions

- What are your child's strengths (what does she/he do best)?

- What two new things do you really want your child to learn at school if he/she is ready?

- What behaviors happen at home that you think the school could help you with?

- What do you think needs improvement the most?

- You have found the following things to work when you want your child to do something:

  1.

  2.

  3.

- You use the following when your child misbehaves and you think the school could also use this way to discipline.

  1.

  2.

- The amount of time your child plays with other children:

- Your child's favorite things to do at home:

- Some of your child's habits:

- A few words about your child's temperament, levels of tolerance, attention span:

Does your child display a preference for certain:

Foods:	Animals:
TV Programs	Music:
Places:	Activities:
People:	

How does your child communicate when playing with peers, adults, etc?

Does your child use sounds, gestures or words to communicate with others? Please describe. If your child uses words, how many words form a phrase?

Do you feel your child is able to understand and follow directions?

Does your child understand more than he or she can express?

When talking to your child, are you able to establish eye contact?

Do you have any special hopes, dreams or expectations for your child?

Additional comments:

IMPORTANT PEOPLE

1. My teacher's name and phone number _____

   _____

2. My teacher's aide's name _____

3. My speech therapist's name _____

4. My physical and/or occupational therapist's name

   _____

5. My audiologist's name _____

6. My school nurse's name _____

7. My social worker's name _____

8. My psychologist's name _____

9. My bus driver's name _____

10. My school phone number _____

Regarding Illness, Change of Schedule, and Inclement Weather:

Illness and Change of Schedule:

Phone _____ to inform your child's teacher

Phone _____ to inform transportation person

The bus driver will not leave your child with someone other than a parent unless the teacher is informed before your child leaves school. The purpose of this policy is to prevent children from being left with strangers.

Inclement Weather:

If you think school may be canceled because of bad weather, tune your radio to _____.

Things My Child Will Need for the Classroom

1. Person to contact in case of emergency dismissal. (Illness, inclement weather, other.)

   Name _____

   Phone Number _____

2. Immunization card

3. Allergies and other medical information

4. Book bag (with my name on it)

5. Extra clothes (with my name on them)

6. Lunch money

7. Blanket/pillow (with my name on it)

8. Kleenex

9. Toothbrush/toothpaste

10. Paint shirt

FIVE SKILLS MOST ESSENTIAL FOR A CHILD'S SUCCESS IN KINDERGARTEN

1. Child listens to and follows 2-3 step directions.
2. Child follows classroom routine.
3. Child has independent self-help skills
4. Child plays cooperatively and appropriately with other children.
5. Child has appropriate language development

The following is a list of skills prioritized by 35 kindergarten teachers in southern Iowa school districts. They are listed as #1 being the highest priority upon entry into kindergarten and #24 being the lowest in priority of the skills surveyed. The survey included social, self-help, language, cognitive, fine motor, and gross motor skills.

1. Cares for self in toilet
2. Washes hands and face unaided
3. Plays cooperatively with other children
4. Knows first and last name
5. Follows 2-3 step directions
6. Speak so that s(he) is understood
7. Put on own shoes and boots
8. Responds appropriately when comments are directed to him/her
9. Remain in seat when requested
10. Stands in a line when requested
11. Can identify 12 pictures and their uses
12. Follows classroom routine
13. Attends to an assigned task for 10 minutes
14. Answers simple "wh" questions
15. Carry out 2-step command
16. Identify and name basic colors
17. Complete a a sentence such as Daddy is big, a baby is _____.
18. Print first name
19. Count 10 objects
20. recite alphabet
21. Catch ball with two hands
22. Know meaning of prepositions such as over, under, in, and out
23. Cut out shapes
24. Draw basic shapes

The above survey was completed by Mary Schertz, former supervisor of Early Childhood Special Education programs, Southern Prairie AEA, Ottumwa, Iowa.

A CHECKLIST FOR PARENTS TO HELP IN APPRAISING READINESS FOR KINDERGARTEN

All children grow and mature at different rates. Girls mature somewhat faster than boys. Delayed development is not necessarily a sign of low intelligence, or to be associated with problems in later life. Delayed development simply reflects the different rates of growth.

When a child is placed in a situation with which he/she is not ready to cope, he/she is likely to become frustrated. This may affect his/her attitude toward school and toward himself/herself.

The following checklist has been prepared with the hope that it will provide some general help for the parents in evaluation of their child's development and readiness for kindergarten. Why run the risk of frustration when a delay in entering kindergarten, for some children, may make a great difference in maturational and developmental level.

PLEASE NOTE:

The child's handicap needs to be considered when using this checklist to assess readiness for kindergarten integration.

Child's Name _____

Address _____

Date _____ Age _____ Years _____ Months _____

	YES	NO
1. Will your child be five years, six months or older when he begins kindergarten?	_____	_____
2. Can strangers easily understand your child's speech?	_____	_____
CAN YOUR CHILD TELL: (General Information)		
3. Tell you how many legs a dog has?	_____	_____
4. How many ears he has?	_____	_____
5. Where milk comes from?	_____	_____
6. The names of three or four colors you point out?	_____	_____
7. Tell in what way an orange and an apple are the same?	_____	_____
8. What his ears are used for?	_____	_____
9. What his eyes are used for?	_____	_____
10. What to do if he cuts his finger?	_____	_____
11. Which is larger, such as a cat or a mouse?	_____	_____
12. What things are made of, like chairs, windows, shoes?	_____	_____
CAN YOUR CHILD: (General Activity)		
13. Walk down stairs one step per tread?	_____	_____
14. Play cooperatively with other children his age?	_____	_____
15. Button a coat or dress? (Those he can see)	_____	_____
16. Zip up a coat?	_____	_____
17. Follow directions for other adults?	_____	_____
18. Wash his hands unaided?	_____	_____

19. Care for self at toilet? _____ _____

20. Wash face unassisted? _____ _____

21. Go about the neighborhood? _____ _____

22. Be away from you two or three hours without being upset? _____ _____

23. Dress self except for tying? _____ _____

24. Cross a residential street safely? _____ _____

25. Use a knife for spreading? _____ _____

26. Tie a knot? _____ _____

27. Walk backward for a distance of five feet? _____ _____

28. Stand on one foot for five or ten seconds? _____ _____

29. Walk a straight line? _____ _____

30. Use a pencil or crayon for drawing? (more than a simple scribble) _____ _____

31. Play a simple table game? _____ _____

CAN YOUR CHILD? (Remembering)

32. Repeat a series of numbers without practice, such as "say after me, 6-1-5-9". _____ _____

33. Repeat an eight- to ten-word sentence if you say it once? _____ _____

34. Carry out two or three simple tasks after being told once? (Close the door, pick up the pencil, and bring me the paper) _____ _____

CAN YOUR CHILD: (Understanding)

35. Count nine objects? _____ _____

36. Tell you the meaning of words like bicycle, knife, hat, letter, pillow, mail, fur, horse, shoe? _____ _____

37. Supply the last word to the following statements? _____ _____
Mother is a woman; Father is a _____.
A fire is hot; an ice cube is _____.
A plane goes fast; a turtle goes _____.

38. Draw a man? (Without omitting arms, legs, eyes, nose, and mouth) _____ _____

39. Draw or copy this square? _____ _____

40. Correctly name these drawings? _____ _____

41. Have you attempted to create in your child the idea of looking forward to school? _____ _____

42. Is your child unafraid of going to school? _____ _____

43. Does he often ask about school and when he can go? _____ _____

44. Do you have books, magazines, and newspapers in your home that your child looks at? _____ _____

45. Does your child pretend to read? _____ _____

TOTALS

If the number of yes items were 41-45, your child is most likely ready for school.

If the number of yes items were 35-40, your child is probably ready.

If the number of yes items were 31-34, your child's readiness is questionable.

If the number of yes items were 26-30, your child's readiness is doubtful.

If the number of yes items were 25 or below, your child's readiness is unlikely.

What Does a Special Education Student (Preschool Handicap) Need for Kindergarten?
(Rated as to highest priority beginning with number one.)

1. Following classroom routine and rules
   Working on own and working in group setting. Child also knows what day to go to music, art, P.E.

2. Displays appropriate classroom behavior
   Such as voice level, when one can leave seat, raising hand.

3. Group attending skills
   Also known as deadman skill. Child is able to find a place in the group and sit. This is child's responsibility.

4. Group participation
   Able to raise hand and turn-taking.

5. Direction following
   Can adapt to changes in routine, can follow directions on worksheets.

6. Independent task work
   Child completes work without adult supervision and reinforcement. Child doesn't go to teacher for help if can't do task. He/she tries to complete task another way, cheat, ask a friend--then can ask teacher.

7. Child takes care of own toileting skills and putting on of own clothes

8. Problem-solving!

9. Social play skills

10. Functional communication skills
    (expressive language)

From: Lisbeth Vincent, Ph.D.
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TRANSITION PROBLEMS WORKSHEET*

The common experiences described below are designed to help you think about what might be happening as your child moves into a new program. The Worksheet consists of common transition problems parents have had. The following experiences call for solutions which you can create. On the right-hand side of the page, write down your ideas about how you would solve the problems presented.

COMMON EXPERIENCE	POSSIBLE SOLUTION
1. **The transition is often difficult for the staff that has been working with you and your child.** They have to accept "letting go" of the close contact with you and your child. Although the staff want to be positive about the new placement, the "letting go" feelings and their (sometimes) limited knowledge about the new program may interfere. They care about you and your child and might be overly protective, though well-meaning.	
2. **A change in program for your child requires adjustment; for some parents it is one of the most difficult changes.** Perhaps you have been participating in your child's program on a regular basis. It is likely that you will miss the regular involvement with your child's program as well as the contact with the staff and other parents. If a staff member has been coming to your home, you may miss both the active involvement with your child's program and the staff member with whom you have been working so closely. As your child becomes older, his/her program will change. More emphasis will be placed on independence and on social interaction with peers. Individual physical therapy or language therapy for your child is likely to change to small group therapy of consultation between the classroom staff and the therapist. It may be most practical for your child to ride the bus to school or for you to carpool with other families.	

COMMON EXPERIENCE	POSSIBLE SOLUTION
3. If the length of your child's program day and the number of days that your child attends a program is longer than you have been accustomed to, this will require adjustment. Your child may do very well with the longer program day, but you may feel a certain sense of loss, of not being with your child as much. Sometimes the program day may be shorter than your child's present program.	
4. Parents sometimes feel that they are not being informed of all of the details of their child's program in time to plan for the change. Information that you will need as your child begins a new program includes: the date that school begins, how to make transportation arrangements, the teacher's name, the program's hours, what to do if your child is ill or needs to leave early on a given day, and when the Individualized Educational Plan (IEP) conference will be held.	
5. The staff in your child's new program want to fulfill your expectations. it is frequently an anxious time for both you and the new staff. You will need to build a new partnership with the staff which takes mutual trust, respect, understanding, and most of all, time.	
6. There are individual differences in how children adjust to a change in programs. Some children have a difficult time making the transition. It may appear as if your child actually is losing skills that he/she demonstrated in the old program particularly in the communication/ language and social interaction areas. Toileting skills may lapse for a period as your child adjusts to the new staff, the new children, and the change in routine. You may find that your child is behaving differently at home. Your child may need time to adjust and you and the new staff may need patience during the child's adjustment. Then again, your child may adjust rapidly to the new program.	

COMMON EXPERIENCE	POSSIBLE SOLUTION
7. The first few weeks of the new program may be the most difficult for you. Frequently, parents state that their child is doing just fine and loves the new program. However, the parent feels left out. The new staff have their hands full getting to know your child and all of the other children. It is frustrating for parents and for staff not to have time to talk during these first weeks, except for fleeting moments.	
8. Some staff members feel that it is important to get to know a child before reading the reports and recommendations from a previous program. You may find that the new staff are asking questions about your child's former program that you know have been answered in detail in the reports that were sent. This may cause you some concern about the continuity in your child's program. However, many professionals prefer to obtain some of this crucial information first from you or from direct involvement with your child.	

* Reprinted from Single Portal Intake Project, University of Washington, Seattle, Washington 98195.

HOMEWORK/PROGRAM VISITATION

As a parent of a young child who is preparing for transition, you are naturally interested in learning more about the program(s) your child may enter. Whether your child will attend a self-contained special education program or kindergarten with special education support, you are encouraged to visit and observe a "typical" day before the time of your child's final placement decision.

Most programs and schools encourage parents to visit and talk with school staff. Since you will want to talk with the teacher, it's always a good idea to call the school first and set up an appointment for your visit. This will allow your visit to occur at a time when the teacher is available to answer your questions. Sometimes it's hard to remember everything you have observed and all the questions you would like to discuss with school staff. The following checklist may help you organize your thoughts and questions as you visit and observe program options. There are no "right" answers to these questions. The correct answer for you will depend on your needs and ideas.

There is a space after each question for you to make notes about your observations or write any questions of your own that you would like to discuss with school staff or area education agency support staff.

PARENT OBSERVATION SHEET FOR PROGRAM VISITATION

I. Staff

1. What is the ratio of adults to students? (How many teachers and aides work with how many students?)

2. Are the teachers and aides warm in their behavior with the children? (Do you see hugs, touches, smiles, or other behaviors that you feel demonstrate warmth and caring?)

3. Is the teacher open to communication? Does he or she welcome parents to visit and talk?

II. Physical Environment

1. Is the classroom big enough for the number of children present?

2. Can the classroom and facilities be adapted to meet the physical needs of your child? (For instance, if your child is in a wheelchair, are the classroom and materials accessible?)

3. Is the classroom bright and cheerful? Does it look like a place children want to be?

4. If your child has a special learning need, can part of the classroom be adapted to that need? (For instance, if your child is highly distractible, can a corner of the room be made a "quiet place" with less stimulation?)

III. Teaching Techniques

1. How much time do students spend working individually with teachers and aides? How much time is spent working in groups?

2. How much time do students spend "waiting" while teachers and aides work with other children? How does the teacher handle this time? If appropriate to their developmental levels, are children encouraged to work independently with materials?

3. Does the teacher have a lesson plan for each day? Will she or he explain the plan to you?

IV. Classroom Organization/Discipline

1. Do the children seem aware of classroom rules? Can the teacher explain the classroom rules to you?

2. How consistently are rules enforced?

3. What kinds of behavior seem to get the most attention from the teachers and other staff (i.e., talking out loud, pushing, hitting, bothering child seated nearby, etc.)?

4. What techniques do teachers and aides use to discipline children?

5. What happens when a child misbehaves? Who handles the problem?

6. How do teachers and aides handle disagreements between children?

V. The Teacher

1. Has the teacher worked with other special education students?

2. Did the teacher ask questions about your child's handicap?

3. Has the teacher worked with AEA support staff, in his/her building, who may work with your child?

NOTES:

Adapted from Project Transition Parent Notebook, Mental Health Mental Retardation Authority of Harris County, Houston, Texas.

DISCUSSION OF PROGRAM VISITATION FEEDBACK

The following are points you may want to discuss:

* Parent Observation Sheet

* Parental Reaction

* Concerns/Questions

TIPS FOR DEVELOPING COOPERATIVE RELATIONSHIPS BETWEEN FAMILIES AND EDUCATORS

Most families and educators would agree that the growth and development of children is enhanced when the significant adults in their lives work together effectively. There fore, we can look at education as a partnership between home and school. As in any partnership, there is a shared responsibility between families and professionals for establishing and maintaining the necessary contact and communication to work cooperatively.

GETTING OFF TO A GOOD START

FAMILY

Make a contact with the teacher early in the year. You may want to share some information about your child at this time.

Plan the initial communication carefully. Begin and end on a cooperative note. Remember that the first and last part of a conversation leaves the overriding impression. Plan to communicate positively with the teacher before attempting to problem-solve. An early positive contact will make problem-solving easier later on.

Set up an early information sharing conference appointment with the teacher if there are special needs or concerns that you'd like to discuss about your child.

Ask questions about the classroom program, expectations and routine if you don't feel clear on what's happening. Most teachers enjoy explaining their program if it helps families to be more supportive.

EDUCATORS

Make a personal contact with the family early in the year to introduce yourself and begin to get to know one another.

Plan the initial communication carefully. Begin and end on a cooperative note. Remember that the first and last part of a conversation leave the overriding impression. Plan to share positive information with the family before attempting to problem-solve. An early positive contact will make problem-solving easier later on.

Check concerns or questions regarding a child's learning style, strengths and weaknesses with the family early enough to plan for prevention of problems.

Describe the classroom program, expectations and routine through an open house, newsletter, or classroom handbook. Some misunderstandings occur because families and teachers have different perceptions of what happens at school.

Let the teacher know what areas you'd really like to help with at home. If there are special activities or information you'd like sent home, be specific. If you can't help with certain things because of the family schedule or other reasons, it's helpful for the teacher to have that knowledge.	Discuss the expectation or requests that you have of families. Include homework, discipline support, classroom involvement, etc. Not all families are able to participate in these and it is helpful to know whether it's going to be difficult for them.
Honor teachers' time limitations. Popping in for a spontaneous conference during the school day puts teachers with a classroom full of children at a disadvantage. Most teachers are happy to discuss a child's progress or a family's concern if they have the opportunity to do so when they don't have other commitments. A conference appointment can help family members and teacher think, plan ahead and discuss in a more relaxed and conducive atmosphere.	Honor families time limitations. Being knowledgeable of whether or not families have the time at night to work with their child is helpful. Most families are happy and eager to help their children, but a few can't always do so on a regular basis. Discussing expectations before requesting can be helpful.
Attempt to work on any problems that might arise from a preventative stance. Discussing and problem-solving with the teacher before something has reached crisis proportion can often head off problems.	Attempt to work on any problems that might arise from a preventative stance. Discussing and problem-solving with the family before an issue has reached crisis proportion can often work to head off problems.
If needed, keep in regular contact with the teacher through notes, phone calls, or periodic conferences. Inform the teacher of any changes at home that might affect your child's school work, behavior, etc. Remember, each teacher probably has anywhere from 10-25 families with whom s/he is working. Any help and support that you can offer is appreciated.	Notes, news letters, phone calls, and daily or weekly reports can be used to keep families informed about general classroom happenings and specific information about their child.
Prepare for conferences by planning and writing down questions to ask as well as information to share.	Prepare for conferences by planning an agenda with time scheduled for family input.

PLANNING FOR ANOTHER GOOD YEAR

FAMILY	EDUCATORS
Ask teacher for recommendations for summer learning activities.	Share with the family learning activities such as reading lists, community class schedules, etc.
Request assistance and recommendations for planning for the next year, if needed.	Provide information that can help the family plan a productive summer for the child. Recommend activities to reinforce learning strengths and improve weak areas.
Send the teacher and principal a letter thanking them for their efforts if you think it's justified.	Thank the family for their support and assistance if you think it's justified.
Get to know one another. Children benefit most when there is active and cooperative participation by family and school personnel.	Get to know one another. Children benefit most when there is active and cooperative participation by school personnel and family.

Adapted from:
Tips for Developing Cooperative Relationships Between Families and Educators. UNM Institute for Parent Involvement Albuquerque, New Mexico, 1985.

HELPFUL HINTS FOR ESTABLISHING GOOD COMMUNICATION WITH YOUR CHILD'S TEACHER

Sometimes communication problems occur when individuals overlook simple, basic rules which are easily neglected. The following is a composite of suggestions from parents, teachers, and administrators who have experienced these types of communication problems.

1. Building good communication with your child's school should begin with the first contact. The special education staffing is especially important for starting a good relationship between parents and schools.

2. It may be helpful to visit the school to meet with your child's teacher before school starts, or to invite him/her to your home.

3. Do feel free to call your child's teacher when a problem presents itself, and to schedule an appointment to discuss solutions. It may be helpful to check with the school secretary to see when your child's teacher is able to receive a phone call or return a phone call to you.

4. Call early, don't wait until the problem gets too big to handle. No problem is too little to receive attention.

5. Be aware that your child's teacher may be in the classroom when you call and unable to talk with you immediately. Leave a message to have the teacher return your call.

6. Schedule teacher conferences after school when your child is not in the classroom. This will allow the teacher to give you his/her full attention.

7. Teachers want to do what is best for your child. You can assist them by letting them know how your child is progressing at home, or by informing them of any problems he or she is having at home that may be affecting school behavior or p e r f o r m a n c e .

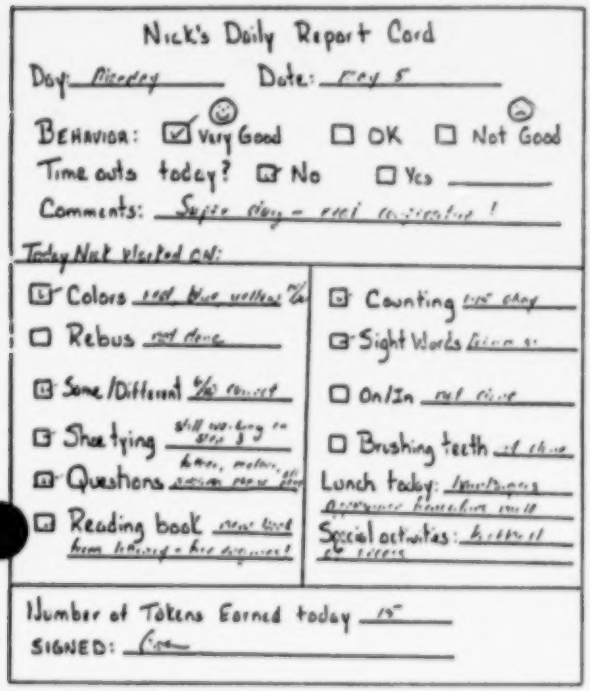
8. How you approach the teacher and/or principal can make a big difference in setting the tone for solving the immediate problem as well as for future communications.

9. Teachers are human, too, even they have good days and bad days. Keeping this idea in mind may help to avoid a misunderstanding, especially if you are having a bad day yourself.

10. Do feel free to visit your child's school to observe, but give the school the courtesy of a phone call in advance.

Adapted from Project Transition Parent Notebook, Mental Health Mental Retardation Authority of Harris County, Houston, Texas.

Improving Home-School Communication:
Sharing Daily Reports



Nick's Daily Report Card

Day: Monday Date: May 5

Behavior: ☑ Very Good ☐ OK ☐ Not Good

Time outs today? ☒ No ☐ Yes _____

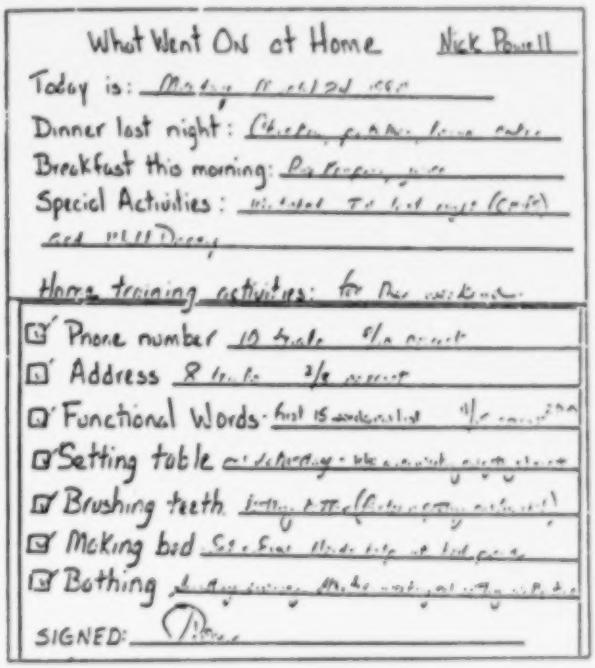
Comments: Super day - great cooperation!

Today Nick worked on:

- ☑ Colors red, blue, yellow, green
- ☐ Rebus not done
- ☒ Same/Different 4/5 correct
- ☒ Shoe tying still working on step 3
- ☒ Questions asking more questions
- ☒ Reading book read book from homework assignment
- ☒ Counting to 20
- ☒ Sight Words 5 new words
- ☐ On/In not done
- ☐ Brushing teeth at home
- Lunch today: Hamburger, applesauce, brownie, milk
- Special activities: Assembly re: safety

Number of Tokens Earned today 15

SIGNED: Mom



What Went On at Home Nick Powell

Today is: Monday, May 5, 1986

Dinner last night: Chicken, potatoes, peas, rolls

Breakfast this morning: Pop Tarts, juice

Special Activities: Watched TV last night (Cosby) and Walt Disney

Home training activities: for the week

- ☒ Phone number 10 digits 4/5 correct
- ☒ Address 8 digits 3/5 correct
- ☒ Functional Words first 15 understood 11/15 correct
- ☒ Setting table put napkin + knife on right side of plate
- ☒ Brushing teeth [illegible]
- ☒ Making bed [illegible]
- ☒ Bathing [illegible]

SIGNED: [signature]

By T. Hennessy Powell

The fact that parents can have a direct, significant, positive impact on the education of their disabled child has been well documented during the past few years. Yet, to have that impact parents need to be actively involved in their child's education.

Public Law 94-142, which is federal legislation outlining a framework for providing education to handicapped children, mandates that parents be involved as critical team members in providing educational services. This involvement must go beyond mere attendance at Individual Education Plan (IEP) meetings and providing the numerous signatures required for special education services; such involvement is only superficial. Active involvement calls for something more.

Actively-involved parents have the responsibility of monitoring their child's progress toward the stated goals and objectives of the IEP. Such monitoring is a difficult task at best. As a parent of a disabled child, I found it quite difficult to know how my child was doing on a daily basis in regard to the IEP objectives. Typically, I only received reports at the end of the school year. If my input was sought at all, it was on an irregular basis and was a direct response to a problem my son was having. My wife and I realized that we had become problem solvers and were only contacted during a

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crisis when our son misbehaved. We did not have a good day-to-day picture of his classroom behavior. Receiving information only in emergencies is not fair to the child or the parents, nor does it allow parents to be actively involved in their child's total education. We realized that there was a need for a communication system between school and home that would allow for greater parental involvement and would help object monitoring of a child's program.

Daily communication is warranted for yet another reason. Many children, especially those with speech and language problems, do not openly share their daily school activities with their parents. Most likely, these children do not discuss home activities with their teachers either. A language training program should be based on a child's daily events. It is difficult to provide relevant language training unless there is daily communication between home and school. Also, knowing what has happened at school helps to understand the child's behavior at home, and vice-versa.

To coordinate training efforts, monitor educational progress and establish a base for language training, my wife and I decided that we needed a formal communication system between home and the school. After discussing these needs with the school staff, daily phone calls were initiated. After three days, we all decided that this system was unmanageable. The orchestration needed to arrange these calls was too much to handle because everyone involved had busy schedules.

The school staff then suggested we try sending a notebook back and forth. The notebook was to contain daily handwritten notes. However, this was not a workable system either. The notes required too much time and lacked a structure to provide concise information. Strike two! We needed a simpler, more direct way to communicate with each other.

As a parent of a disabled child, I found it quite difficult to know how my child was doing on a daily basis in regard to the IEP objectives.

Daily Report Cards

The next attempt at establishing an effective communication system proved to be quite successful. I was familiar with the work of several educators who used a procedure by which parents rewarded their child at home for good behavior at school. This procedure called for a daily note sent home by the child's teachers. Although the intent of these daily reports was a bit different from the needs my wife and I had, these procedures provided the groundwork for the solution to our problems. A daily report card appeared to provide an efficient method of communication that, if structured properly, could also provide coordination and monitoring of training.

The first step in implementing this system was to discuss it with the school staff. Their positive response encouraged its development. We knew from the start that the card had to be designed so it could be easily used. It could not be very complicated nor could it cause the sender or receiver to spend much time with it. The design of the card also needed to incorporate features that would make it possible to teach our son how to read it, even if only in a general fashion. Another crucial feature was that the card had to be easily sent from school to home and back again.

Since this idea originated from parents, my wife and I felt it was our responsibility to design the card and provide the necessary copies to the school. We wanted to make this system as easy as possible for our son's teachers to implement.

Our son's IEP provided the basis for the card's design. The training areas listed on the IEP became the content of the daily report card. A few key words from each learning objective were used to describe each area. The teacher marked that area if the training took place that day and filled in a brief note about the results of that training. Since we were very familiar with the IEP, the teacher's marks were typically abbreviated notations about the data recorded on the learning objective taught.

Also included on this daily report card were sections that referred to our son's behavior at school and the behavior management program established earlier. A general statement about his behavior was included, as well as information about whether he was "timed-out" and how many token reinforcers he earned. This was important information as we wished to reward our son at home for having a good day at school. Space for teachers' comments regarding special activities and the lunch menu were included on the card. Ample room was left for notes and other information as needed (see samples).

The results of using this card were quite favorable. We received daily information about our son's activities and were therefore able to coordinate our training efforts and monitor his progress toward the IEP objectives. I discussed his system with the school staff several times. We have all agreed that it takes very little time and that it

Nick's Daily Report Card

Day: Thursday Date: May 5

Behavior: ☐ Very Good ☐ OK ☑ Not Good

Time outs today? ☐ No ☑ Yes 3 times

Comments: Bad day today. Stubborn in bed.

Today Nick worked on:

☐ Colors not done	☑ Counting 1-10 okay
☑ Rebus on in when where	☑ Sight Words Dan mom
☑ Same/Different 5/6 correct	☑ On/In 5/6 correct
☑ Shoe tying started step 5	☑ Brushing teeth good job!
☑ Questions verbally correct	Lunch today: meatloaf potato green milk
☐ Reading book not done	Special activities: none

Number of Tokens Earned today 2

SIGNED: Mom

The system presented here is based on the premise that providing a disabled child with a proper education is a team process, with each member carrying out a vital role.

provides a structure or efficient and effective communication. A testimonial to these good results is the fact that the staff initiated the system with several other families involved in the program.

A Two-Way Street

At first the daily report cards came from school to home. Effective communication, however, is a two-way street. If parents need to know what is going on at school, then teachers also need to know what has occurred at home. This is especially true if the parents are conducting a home-based training program. A further expansion of this system called for a card that went from home to school. We used a similar design for the home-to-school card.

Conclusion

Establishing a communication method that allows parents and teachers to coordinate efforts, monitor progress and establish a base for language training is by no means an easy task. It takes commitment from all parties to make such a system work. The system presented here is based on the premise that providing a disabled child with a proper education is a team process, with each member carrying out a vital role. Without an efficient, effective communication system the team process cannot function. The daily report card system is one way to help establish and maintain proper communication among team members.

During the past three years, I have shared this system with many parents and teachers. From the reports I have received, the method is easily used and has helped open doors to effective communication. It has also proved helpful at times when tension between home and school has been building. Providing the various people who are involved with an easy system that relays necessary information is the first step in helping persons work together in a cooperative fashion.

The daily report card system has been successful for a number of people committed to the team process. Those responsible for coordinating training and monitoring prgress may find this system worth the time and effort necessary to implement it. Being actively invoved with a child's education has so many advantages that the requisite cost, time and effort are minor when compared with the advantages. ◻

T. Hennessy Powell is currently pursuing a doctoral degree in special education at George Peabody College for Teachers of Vanderbilt University. He has worked as a teacher of the disabled with several private and public agencies. Mr. Powell is also the parent of a developmentally disabled child.

*Reprinted with permission from THE EXCEPTIONAL PARENT, 605 Commonwealth Avenue, Third Floor, Boston, MA 02215 (617) 536-8961

Name: _____ DAILY REPORT

Opening	Language	Art/Music/P.E.
Speech	Recess/Lunch	Group
Group	Individual	Recess/Bathroom

Uses:
- For immediate reinforcement after each period.
- For students who are non-verbal, younger, or those who can't read to share with parents who may have the same disabilities.
- Modify to fit individual needs and subjects.
- Fill in the "smiley" face to indicate how the student did each period.

ORGANIZATIONS FOR PARENTS OF HANDICAPPED CHILDREN

National Organizations (Excellent resource for parents of handicapped children):

1. National Information Center for Handicapped Children and Youth
   1555 Wilson Boulevard, Suite 600
   Roseland, VA 22967
   (703)522-3332

2. Council for Exceptional Children
   1920 Association Drive
   Reston, VA 20091

   a) Publishes Exceptional Parent Magazine
   b) Has state chapter
   c) Memberships available

State Organizations:

1. ARC - Association for Retarded Citizens
   1707 High Street
   Des Moines, IA 50309
   (515)283-2358 or 1-800-362-2927

2. Iowa Developmental Disability Council
   523 East 12th Street
   Des Moines, IA 50310
   (515)281-3711

3. United Cerebral Palsy of Iowa
   319 East Fifth
   Des Moines, IA 50309
   (515)244-0436 or 1-800-532-1172

4. Epilepsy Foundation of America - Iowa Chapter
   Westlawn, Box 200
   University of Iowa
   Iowa City, IA 52242
   (319)356-2349 or 1-800-272-6434

5. Muscular Dystrophy Association of Iowa
   4403 First Avenue SE, Suite 105
   Cedar Rapids, IA 52402
   (319)393-8905

6. Spina Bifida Association of Iowa
   234-58th Street
   Des Moines, IA 50312
   (319)279-2722

7. Iowa SIDs Program
   Department of Health
   Lucas State Office Building
   Des Moines, IA 50309
   (515)281-3126

8. Iowa Commission for the Blind
   Fourth and Keo
   Des Moines, IA 50309
   (515)283-2601

9. Easter Seals Society of Iowa, Inc.
   P.O. Box 4002
   Des Moines, IA 50333
   (515)289-1933

Local Organizations:

1. Easter Seals
   525 First NE
   Mason City, IA 50401
   (515)423-2200

2. Iowa Department of Human Services - District Office
   Mohawk Square
   22 North Georgia
   Mason City, IA 50401
   (515)424-9977

3. Northern Trails Area Education Agency
   Box M
   Clear Lake, IA 50428
   (515)357-6125

4. Social Security Administration
   208 North Adams
   Mason City, IA 50401
   (515)423-4325

Evaluations:

1. MECCA II
   101 South Taylor
   Mason City, IA 50401
   (515)424-7388

2. Child Health Speciality Clinics
   University of Iowa
   Hospital School Building
   Iowa City, IA 52242
   (319)353-5428

3. Child Development Clinic
University Hospital School
The University of Iowa
Iowa City, IA 52242
(319)353-4825

4. Gillette Children's Hospital
200 East University Avenue
St. Paul, MN 55101
(612)291-2848

5. Shriner's Hospital
2025 East River Road
Minneapolis, MN 55414
(612)339-6711

6. Mayo Clinic
Rochester, MN 55901
(507)284-2511

7. Courage Center
3915 Golden Valley Road
Golden Valley, MN 55422
(612) 588-0811

ORGANIZATIONS FOR PARENTS OF HANDICAPPED CHILDREN

AUTISM

National Society fo Autistic Children
Ruty Dyer, Executive Director
169 Tampa Avenue
Albany, NY 12208

BIRTH DEFECTS

National Foundation/March of Dimes
P.O. Box 2000
White Plains, NY 10602

BLIND

American Council for the Blind
Durward K. McDaniel, National Representative
1211 Connecticut Avenue, NW
Washington, DC 20006

American Foundation for the Blind
Eugene Apple, Executive Director
15 West 16th Street
New York, NY 10011

National Federation for the Blind
James Gashel, Chief
Washington Office
1346 Connecticut Avenue, NW
Suite 212, Dupont Circle Building
Washington, DC 20036

CEREBRAL PALSY

United Cerebral Palsy Association
Earl H. Cunerd, Executive Director
66 East 34th Street
New York, NY 10016

DEAF

Alexander Graham Bell Association for the Deaf
George W. Fellendorf, Executive Director
3417 Volta Place, NW
Washington, DC 20007

National Association of the Deaf
Frederick Schrieber, Exec. Dir.
814 Thayer Avenue
Silver Spring, MD 20910

DEAF-BLIND

National Association of the Deaf-Blind
Robert H. Petty, Exec. Dir.
2703 Forest Oak Circle
Norman, OK 73071

EMOTIONALLY DISTURBED

Mental Health Assiociation, National Headquarters
Bryan O'Connell, Exec. Dir.
1800 North Kent Street
Arlington, VA 22209

EPILEPSY

Epilepsy Foundation of America
Jack McAllister, Exec. Dir.
1828 L Street, NW
Washington, DC 20036

LEARNING DISABILITIES

National Association for Children with Learning Disabilities
Jean Peterson, Executive Secretary
4156 Library Road
Pittsburgh, PA 15234

MENTAL RETARDATION

National Association for Down Syndrome
Joan Berman, Director of Services
P.O. Box 63
Oak Park, IL 60303

National Association for Retarded Citizens
Philip Roos, Executive Director
2709 Avenue E East
P.O. Box 6109
Arlington, TX 76011

National Down Syndrome Congress
528 Ashland Avenue
River Forest, IL 60305

American Association for the Education of the Severely and Prfoundlly Handicapped
P.O. Box 15287
Seattle, WA 98115

President's Committee on Mental Retardation
Washington, DC 20201

PHYSICALLY HANDICAPPED

National Easter Seal Society for Crippled Children and Adults
Executive Director
2023 W. Ogden Avenue
Chicago, IL 60612

National Paraplegia Foundation
Ann Ford, Associate Director
333 North Michigan Avenue
Chicago, IL 60601

Spina Bifida Association of America
Kent Smith, Executive Director
343 South Dearborn Street, Room 319
Chicago, IL 60604

SPEECH IMPAIRED

American Speech and Hearing Association
Kenneth Johnson, Exec. Secretary
10801 Rockville Pike
Rockville, MD 20852

GENERAL

American Coalition for Citizens with Disabilities
1346 Connecticut Avenue, NW
Washington, DC 20036

Children's Defense Fund
1763 R Street, NW
Washington, DC 20009

Closer Look:
Center for the Handicapped
Box 1492
Washington, DC 20013

Council for Exceptional Children
1920 Association Drive
Reston, VA 20091

National Information Center for Handicapped Children and Youth
1555 Wilson Blvd., Suite 600
Roseland, VA 22967

Parenting Materials Information Center
Southwest Educational Development Laboratory
211 East 7th Street
Austin, TX 78701

President's Committee on Employment of the Handicapped
Washington, DC 20210

NICHCY

NATIONAL INFORMATION CENTER FOR HANDICAPPED CHILDREN AND YOUTH

P.O. BOX 1492 WASHINGTON, D.C. 20013

NATIONAL TOLL-FREE NUMBERS

AT & T National Special Needs Center	800-222-4474 800-233-1222 800-833-3232 (TDD)
Alzheimer's Disease & Related Disorders	800-621-0379
AMC Cancer Information Center	800-525-3777
American Cleft Palate Educational Foundation CleftLine Center in Pennsylvania	 800-24-CLEFT 800-23-CLEFT
American Council of the Blind	800-424-8666
American Foundation for the Blind	800-AFBLIND (232-5463)
American Kidney Fund	800-638-8299
American Tuberous Sclerosis Association	800-446-1211
Association for Retarded Citizens of the U.S.	800-433-5255
Association of Heart Patients Heartline	 800-241-6993
Better Hearing Institute Hearing Helpline Center in Northern Virginia	 800-424-8576 703-642-0580
Cancer Information Service National Line	 800-4-CANCER
Captioned Films for the Deaf	800-237-6213
Center for Special Education Technology Center in Northern Virginia	 800-345-TECH 703-620-3660
Cornelia de Lange Syndrome Foundation	800-223-8355
D. T. Watson Rehabilitation Hospital	800-223-8806
Educators Publishing Service, Inc. Specific Language Disabilities (Dyslexia) Center in Massachusetts	 800-225-5750 800-792-5166

Epilepsy Foundation of America	800-EFA-1000
Epilepsy Information Line	800-426-0660
ERIC Clearinghouse on Adult Career and Vocational Education	800-848-4815
Higher Education and the Handicapped (HEATH)	800-54-HEATH
Insurance Hotline	800-423-8000
International Shriners Headquarters	800-237-5055
Job Accommodation Network (JAN) Center in West Virginia	800-526-7234 800-526-4698
Job Opportunities for the Blind (JOB)	800-638-7518
Juvenile Diabetes Foundation International	800-223-1138
Lung Line (lung disorders, allergies)	800-222-LUNG
National Adoption Center	800-TO-ADOPT
National Association for Hearing and Speech Action	800-638-TALK (Voice or TDD)
National Association for Sickel Cell Disease, Inc.	800-421-8453
National Captioning Institute	800-528-6600
National Center for Stuttering	800-221-2483
National Center for the Prevention of Sudden Infant Death Syndrome	800-638-7437
National Committee for Citizens in Education	800-NETWORK
National Crisis Center for the Deaf Center in Virginia	800-446-9876 800-552-3723
National Cystic Fibrosis Foundation	800-344-4823
National Downs Syndrome Congress	800-232-NDSC
National Downs Syndrome Society	800-221-4602
National Easter Seal Society	800-221-6827
National Hearing Aid Society	800-521-5247
National Information Center for Educational Media	800-421-8711

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National Organization on Disability	800-248-ABLE
National Parkinson Foundation	800-327-4545
National Rehabilitation Information Center	800-34-NARIC
National Spinal Cord Injury Hotline	800-526-3456
National Tuberous Sclerosis Assn., Inc.	800-CAL-NTSA
Occupational Hearing Services (O.H.S.)	800-222-EARS
Office of Health Promotion & Disease Prevention Health Information Center	800-336-4797
Orton Dyslexia Society	800-222-3123
RP Foundation Fighting Blindness	800-638-2300
Special Education Software Center	800-327-5892
Spina Bifida Hotline	800-621-3141
Tripod-Service for Hearing Impaired	800-352-8888

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